U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U -	2. Fiscal Year Covered From:
5896	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert W Grauvog1	Name UFCW Union Local 880
	Labor Organization File Number 010-330
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2828 Euclid Avenue	Street 2828 Euclid Avenue
City CLEVELAND	City Cleveland
State Ohio ZIP Code + 4 44115	State Ohio ZIP Code + 4 44115
5. Position in labor organization. Secretary-Treasurer	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	
	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second	ing documents), has been examined by the signatory and is, to the best of the
Signed Robert W. Showing	On 8-10-05 216-241-5930 Telephone Number

Name of Person Filing Robert Grauvogl	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business yely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name UFCW Local880 Retail Food Emplyrs Jt Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2828 Euclid Avenue City CLEVELAND State Ohio ZIP Code + 4 44115	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. Provides pension benefits to some members of UFCW Local 880 11.b. Approximate dollar value of such dealing.	employees and
State ZIP Code + 4	12.a. Nature of interest held or income received. Lunch - Investment Mgr Committee M 12-09-2004 - 30.00	leeting
	12.b. Amount.	\$30
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Robert	Grauvogl	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Dentemax	a. Labor Organization	
Trade Name, if any:	d. Edso. Organization	
P.O. Box, Bldg., Room No., if any Suite 450	🔀 b. Trust	
Street 28588 Northwestern Highway	c. Employer	
City Southfield		
State Michigan ZIP Code + 4 48034		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Union-Employer H&W Fund	In-network dental service provider and members of UFCW Local 880	for employees
Trade Name, if any:		economic property and the second property and the seco
P.O. Box, Bldg., Room No., if any		PRODUCT
		eccessories
Street 2828 Euclid Avenue		7755770777444604
City Cleveland		поличения
State Ohio ZIP Code + 4 44115	11.b. Approximate dollar value of such dealing.	\$84,449
	12.a. Nature of interest held or income received.	
	Business Lunch	***************************************
	08-31-2004	***************************************
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		Account a suppose
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	12.b. Amount.	\$20
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Name of Person Filing Robert	Grauvogl	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Schwarzald & McNair LLP	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any 616 Penton Media Building	x b. Trust	
Street 1300 East Ninth Street	c. Employer	
City Cleveland		
State Ohio ZIP Code + 4 44114-1503		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Local 880/Food & Merc Pension Funds	Provides legal services	apina pinaneoneepi

Trade Name, if any:		aantoncommiss
P.O. Box, Bldg., Room No., if any		ne secronome anage
Street 2828 Euclid Avenue		REARTHOODISS
City Cleveland		основника
State Ohio ZIP Code + 4 44115	11.b. Approximate dollar value of such dealing.	\$266,360
	12.a. Nature of interest held or income received.	
	Gift of six steaks	10022313000000
	December 2004	200 a dago Andreson
	Annuarinata Walus	and consequent to the consequence of the consequenc
	Approximate Value	малаланору
		-
	Name of the Control o	оддерен намата
	12.b. Amount.	\$80

Name of Person Filing Robert	Grauvogl	File Number U-

8. Name and address of Business (includ	ling trade name	e, if any).	9. Business deals with:	
Name Duvin, Cahn & Hutton			a. Labor Organization	
Trade Name, if any:			a. Laboi Organization	
P.O. Box, Bldg., Room No., if any 20th	Floor		b. Trust	
Street 1301 East Ninth Street			c. Employer	
			Tomas and the state of the stat	
City Cleveland	-and and an experimental and a			
State	ZIP Code + 4	44114		
10. If 9.b. or 9.c. is checked give trust or emp	oloyer's name.		11.a. Nature of such dealing.	
Name Interested Local 880 Fu	ınds		Provides legal services	COCCACACACACACACACACACACACACACACACACACA
Trade Name, if any:				SEASON PROPERTY OF THE PROPERT
	transinalarahuskana (laharahushi ini ini pasi katimin 1900-lahihusha terdarahi mini kitaranam i		To the state of th	above and a second a second and
P.O. Box, Bldg., Room No., if any				000000000000000000000000000000000000000
Street 2828 Euclid Avenue			An orange of the control of the cont	OTHOUSAGE
				eg social page (
City Cleveland	donacumas su tricurors su procedissimo em unha como esta de tales			
State	ZIP Code + 4	44115	11.b. Approximate dollar value of such dealing.	\$323,446
			12.a. Nature of interest held or income received.	
			Business Lunch	-
				atro-acconomis
			03-17-2004 - \$62.00 06-10-2004 - \$31.00	processes
			12-07-2004 - \$29.00	пировали воезе
				немонирования
				Secretary of the secret
			washing the state of the state	00.0004.11.000
			12.b. Amount.	\$122

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Medical Mutual	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	X b. Trust	
Street 2060 East Ninth Street	c. Employer	
City CLEVELAND		
State Ohio ZIP Code + 4 44115		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Union-Employer H & W Fund	Provides health benefits and relat services	ed administrative
Trade Name, if any:		s in our many many many many many many many many
P.O. Box, Bldg., Room No., if any		as resource in the second of t
		organistico de la companya del companya de la companya del companya de la company
Street 2828 Euclid Avenue		**************************************
City Cleveland		
State Ohio ZIP Code + 4 44115	11.b. Approximate dollar value of such dealing.	\$1,963,447
	12.a. Nature of interest held or income received.	
	Pheasant Hunt	эссериямина
		saucet and a second
	11-10-2004	REGOVALARIAN
	TO CONTRACT OF THE CONTRACT OF	og and see of the see
	PO () () () () () () () () () (niseacciones espirates de la companya de la company
		er advissa avanta
		esteventeencook
	12.b. Amount.	\$205

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Kaiser Permanente/Ohio Region	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	Technology and American Control of the Control of t	
Street P. O. Box 921007	c. Employer	
City Ft. Worth		
State Texas ZIP Code + 4 76121-1007		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name UFCW Union Employer H & W Fund	HMO health benefit provider for some employees and members	me Local 880
Trade Name, if any:		***************************************
P.O. Box, Bldg., Room No., if any		description
Street 2828 Euclid Avenue		to-department may be a second
City Cleveland		N/A
State Ohio ZIP Code + 4 44115	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Harvest for Hunger/Market Under Gla	ass Benefit
	2 tickets	in production of the control of the
	04-29-2004	ланнасамича
		onesterentenco.
		tenanologospe
	12.b. Amount.	\$300